

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 09/646039	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1	1	1	1	51			
2	1	1	1	1	1	52			
3	2	2	2	2	2	53			
4	1	1	1	1	1	54			
5	1	1	1	1	1	55			
6	1	1	1	1	1	56			
7	1	1	1	1	1	57			
8	1	1	1	1	1	58			
9	1	1	1	1	1	59			
10	1	1	1	1	1	60			
11	1	1	1	1	1	61			
12	1	1	1	1	1	62			
13	1	1	1	1	1	63			
14	1	1	1	1	1	64			
15	1	1	1	1	1	65			
16	1	1	1	1	1	66			
17	4	4	4	4	4	67			
18	1	1	1	1	1	68			
19	1	1				69			
20	1	1				70			
21	2	2				71			
22	1	1				72			
23			1			73			
24				1		74			
25				1		75			
26				1		76			
27				1		77			
28				1		78			
29				1		79			
30				1		80			
31				1		81			
32				1		82			
33				1		83			
34				1		84			
35				1		85			
36				1		86			
37				1		87			
38				1		88			
39				1		89			
40				1		90			
41				1		91			
42				1		92			
43				1		93			
44				1		94			
45				1		95			
46				1		96			
47				1		97			
48				1		98			
49				1		99			
50				1		100			
TOTAL IND.		2		2		TOTAL IND.			
TOTAL DEP.		25		30		TOTAL DEP.			
TOTAL CLAIMS		27		32		TOTAL CLAIMS			

09/646039